

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CITIZENS FOR STRENGTH AND SECURITY ACTION FUND INC. (CSS ACTION FUND)

(b) Address (number and street)

☐ check if different than previously reported

300 M STREET SE STE 1102

(c) City, State and ZIP Code

WASHINGTON

VA

20003

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

2. FEC Identification Number

C C30001713

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 1 0

(b) Communication Title EXPAND

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

CARRIE SCHUYLER

(b) Address (number and street)

1000 POTOMAC ST NW

(c) City, State and ZIP Code

WASHINGTON

DC

20007

(d) Name of Employer or Principal Place of Business

HILLTOP PUBLIC SOLUTIONS

(e) Occupation

CONSULTANT

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

207919.72

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

CARRIE SCHUYLER

SIGNATURE Electronically Filed by CARRIE SCHUYLER

DATE 10/08/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	JESSICA BRADLEY		
	(b) Address (number and street)		
	1000 POTOMAC ST NW STE 500		
	STE 500		
	(c) City, State and Zip Code		
	WASHINGTON	DC	20007
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	HILLTOP PUBLIC SOLUTIONS	CONSULTANT	

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee LUC MEDIA				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0</div> </div>			
Mailing Address of Payee 25 WHITLOCK PLACE STE 201				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200000.00</div>			
City MARIETTA		State GA		Zip Code 30064		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000001			
Purpose of Disbursement (including title(s) of communication(s)) MEDIA BUY, EXPAND							
Name of Federal Candidate MICHAEL BENNET		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District:		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000002		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

B. Full Name (Last, First, Middle Initial) of Payee THREE POINT MEDIA LLC				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0</div> </div>			
Mailing Address of Payee 1000 POTOMAC ST NW STE 500				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7919.72</div>			
City WASHINGTON		State DC		Zip Code 20007		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 1 0</div> </div>	
Name of Employer		Occupation		Transaction ID : F93.000002			
Purpose of Disbursement (including title(s) of communication(s)) PRODUCTION EXPENSES, EXPAND							
Name of Federal Candidate MICHAEL BENNET		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District:		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000004		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">207919.72</div>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;">207919.72</div>